





Can you travel if a job requires it? .....  Yes  No

Specify any travel limitations (distance, routes, types of roads, time of day/night) \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor involving physical assault, theft, controlled substances, criminal sexual conduct, or embezzlement?.....  Yes  No  
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain \_\_\_\_\_

Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect in any health care facility? .....  Yes  No

If yes, when, where and nature of the case:\_\_\_\_\_

Are you on a court-supervised probation or parole?.....  Yes  No

If yes, please explain:\_\_\_\_\_

Have charges ever been substantiated against you in a Department of Commerce/Department of Consumer and Industry Services or Department of Social Services/Family Independence Agency adult foster care licensing investigation?.....  Yes  No

If yes, please explain: (Attach additional pages if necessary) \_\_\_\_\_

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:

- Department of Commerce/Department of Consumer and Industry Services?.....  Yes  No
- Department of Social Services/Family Independence Agency? .....  Yes  No
- A local Community Mental Health Recipient Rights Office? .....  Yes  No
- Any other recipient rights office? .....  Yes  No

If yes is answered to any of the above, please explain: (Attach additional pages if necessary) \_\_\_\_\_

Have you ever been employed by this organization before? .....  Yes  No

If yes, give dates employed and indicate if employed under a different name:\_\_\_\_\_

Please indicate the names of any relatives already employed by this employer:\_\_\_\_\_

Will you submit to a drug screening test (required for employment)? .....  Yes  No

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? .....  Yes  No

## EDUCATION

	School Name	Years Completed	Diploma/Degree	Describe Course of Study	Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professional					

List professional, trade, business or civic activities and offices held: \_\_\_\_\_

(You may exclude those which indicate race, color, religion, sex or national origin)

## REFERENCES

Give the name, address, and telephone number of three references who are not related to you and are not previous employers:

1. \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Area Code

2. \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Area Code

3. \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Area Code

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Work Performed	
	Telephone (    )	Dates Employed	
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	

<b>2</b>	Employer		Work Performed	
	Telephone (      )		Dates Employed	
	Address		From	To
	Job Title			
	Supervisor		Hourly Rate/Salary	
	Reason for Leaving		Starting	Final

<b>3</b>	Employer		Work Performed	
	Telephone (      )		Dates Employed	
	Address		From	To
	Job Title			
	Supervisor		Hourly Rate/Salary	
	Reason for Leaving		Starting	Final

<b>4</b>	Employer		Work Performed	
	Telephone (      )		Dates Employed	
	Address		From	To
	Job Title			
	Supervisor		Hourly Rate/Salary	
	Reason for Leaving		Starting	Final

If you need additional space, please continue on a separate sheet of paper.

If there are any periods between these employers when you were not employed, please state the dates you were not employed and the reasons for the non-employment.

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

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## ACKNOWLEDGEMENT AND AGREEMENTS

1. I certify that answers given in this application are true and complete to the best of my knowledge and understand that false or misleading information or omission of information given in my application or interview(s) may result in rejection of my application or, if hired, dismissal of my employment with Health Partners, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date